

APPLICATION FESTIVALS & EVENTS

Event Name: _____

APPLICATION FORM

The Festivals and Events Application Form and relevant Attachments must be completed and returned to: *Events Co-Ordinator, City & Community Outcomes, Blue Mountains City Council, Locked Bag 1005, Katoomba NSW 2780 P: 4780 5233 E: events@bmcc.nsw.gov.au*

**Please complete each section of the Event Application.
If a category does not apply to your event please mark NOT APPLICABLE.**

The Blue Mountains City Council is keen to support festivals and events in its area and recognises these are an important part of community life. To make an event successful it is imperative that the Event Organiser ensures their event planning and management meets the necessary regulative provisions of Local and State Government. An excellent **Events Starter Guide** is available from Events NSW at www.events.nsw.gov.au. Blue Mountains City Council recommends all Events Organisers familiarise themselves with an event management resource guide.

It is strongly recommended that you contact the Events Co-ordinator at BMCC in the early stages of planning your event. <http://www.bmcc.nsw.gov.au/yourcommunity/festivalsandevents/>

TIMEFRAME FOR LODGEMENT OF EVENT APPLICATIONS & IF REQUIRED: TRAFFIC PLANS & DEVELOPMENT APPLICATIONS

As your event may also require liaison with the Local Traffic Committee, Police, RMS and other agencies please ensure that Event Applications are lodged within the following timeframe.

Events that have a road or car park closure:	A minimum of 20 weeks prior to the event
Events that have NO road or car park closure:	A minimum of 16 weeks prior to the event
Indoor Youth Events:	A minimum of 12 weeks prior to the event

FEES & CHARGES

Fees may be payable depending on the nature and size of your event and the services required. **Refer to Attachment 6 – Schedule of Fees & Charges for the current financial year.**

EVENT CONSENT

A formal letter giving consent for your Event will be forwarded to you prior to the event. By accepting your application Council and the applicant automatically become bound by the terms set out in this Application.

Office Use Only: Date Received: _____ Consent Letter Issued: _____

Code: MISC005

Festivals & Events Application Form

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Attachments: Please check the Application & complete the attachments relevant for your event. These can be found at <http://www.bmcc.nsw.gov.au/yourcommunity/festivalsandevents>

Attachment 1: Traffic Management: Read information sheet & return Traffic Management Plan Template if applicable.	Attachment 6: Schedule of Fees & Charges - CRITICAL INFORMATION for your budget.
Attachment 1b: RMS Classification Matrix - Information only	Attachment 7: Inclusion in Calendar of Events Must be completed and returned to be included in Calendar of Events on the website.
Attachment 2 : Event Site Plan - Must be prepared and returned with Application.	Attachment 8: Youth Event Guidelines
Attachment 3: Stalls & Food Safety Regulation: This information must be forwarded to every food vendor at your event.	Attachment 9: Barricades and signs list (only required if you wish to borrow equipment)
Attachment 4: Hall Booking Officers - Information only	Attachment 10: Police Public Assembly Form. Complete and return with your Application
Attachment 5: Hold Harmless Form - Must be completed and returned with your Application	

Festivals & Events Application Form

1. **NAME OF EVENT:** _____

2. **BRIEF DESCRIPTION OF EVENT:** _____

3. **DAY/S & DATE/S OF EVENT:** _____

4. **LOCATION/S:**

Street Street Name: _____

Between which cross streets: _____

Set up time: _____ Public start time: _____

Public finish time: _____ Pull down time: _____

Carpark Carpark Name: _____

Address: _____

Set up time: _____ Public start time: _____

Public finish time: _____ Pull down time: _____

Oval Oval Name: _____

Address: _____

Set up time: _____ Public start time: _____

Public finish time: _____ Pull down time: _____

Park Park Name: _____

Address: _____

Set up time: _____ Public start time: _____

Public finish time: _____ Pull down time: _____

Reserve Reserve Name: _____

Address: _____

Set up time: _____ Public start time: _____

Public finish time: _____ Pull down time: _____

Other Name: _____

Eg Town Sq Address: _____

Set up time: _____ Public start time: _____

Public finish time: _____ Pull down time: _____

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5. ORGANISER DETAILS

Name of Nominated Event Organiser/Contact Person: _____

Name of Organising Body: _____

Address: _____

Tel: _____ Fax: _____

Mobile: _____ Email: _____

Is your Organisation a 'not-for-profit' community organisation or charity? YES/NO

Will the Event Organising Body be responsible for the total management of the event?
 YES/NO

If **YES**, please provide names of previous Festivals/Events managed by the organising group:

If **NO**, please provide details of person/group responsible for the total management of the Event:

Contact details of Event Organisers on the day/night of the event:

Name of Contact No. 1: _____ Tel: _____

Name of Contact No. 2: _____ Tel: _____

Declaration:

I declare that the information contained in this application is accurate to my best knowledge.

Signature of Event Organiser: _____ Date: _____

6. ESTIMATED ATTENDENCE

(a) Estimated attendance per day of staff/volunteers: _____

(b) Estimated attendances per day of spectators/audience/participants: _____

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7. FEES

Will you be charging an entry fee to the event (or components of the event)? YES/NO

If **YES**, please specify amount and details: _____

8. YOUTH EVENTS

Is your event aimed at a youth: YES/NO Specify target age group: _____

If **YES** you must:

- adhere to the **Youth Events Guidelines - Attachment 8**
- obtain Police approval
- ensure that all promotion of your event advertises it as an “alcohol & drug free event”
- indicate on your site map entry/exit points and how they are to be secured

How many youth workers/adult supervisors will be at your event? _____

How will supervisors communicate with each other at the event? _____

Water must be freely available. Please indicate in what form? _____

What transport do you think young people will take to and from your event? Outline any management plans (ie. drop offs, train): _____

Outline how you would deal with unwelcome or unruly persons: _____

Outline how you would deal with persons affected by drugs or alcohol: _____

What is your pass out policy? _____

What is your bag check policy? _____

Council requires that all people working with children, including volunteers, undergo a *Working with Children* check. Visit www.kids.nsw.gov.au/director/check.cfm for further information.

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9. USE OF VOLUNTEERS

Do you expect the involvement of volunteers in any capacity? YES/NO

Rural Fire Service State Emergency Service Rotary Lions Apex

Quota Individual Volunteers Other: _____

10. FIRST AID

NB. Due to heavy demand on weekends for First Aid services it is highly recommended that you contact your preferred agency at least 3 months prior to your event.

Will there be trained First Aid staff on duty during the Event: YES/NO

Have you booked your First Aid staff? YES/NO

If **YES**, please name the organisation or individuals providing the First Aid service:

-
- Youth Events must have St Johns Ambulance or equivalent organisation in attendance

11. SECURITY & CRIME MINIMISATION

Will you be employing professional security staff? YES/NO

If **YES**, the security company is: _____

Contact and telephone: _____

If, **NO** please detail how many people will be assigned to security at the event:

Barricades: _____ Street Crossings: _____ General Crowd Control: _____

Please indicate other ways in which you will attempt to minimize crime during your event:

-
- Youth Events require a minimum of 2 professional security guards refer to **Youth Event Guidelines – Attachment 8**

12. WET WEATHER CONTINGENCY

Please provide details of your wet weather contingency plan. Minimum requirement is the method of liaison with Council staff to determine the condition of Reserves/ovals after rain, placement of signs at the venue, phone calls to radio stations etc.

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13. RESTRICTED ACCESS/KEYS

Do you require access to locked areas (this may include boom gates)? YES/NO

If **YES**, please detail exactly where and/or what is locked e.g. gate, bollard, building

To gain access, you may be required to meet a BMCC employee on site, a day or two before your event to facilitate key handover.

Contact person to meet BMCC Employee: _____ Mobile: _____

14. EVENT ACTIVITIES (Please tick appropriate items)

Will your event include the following activities (tick where applicable):

- Street Parade
 Street Stalls
 Fashion Parade
 Model Toy Displays
 Run / Walk / Cycle Event
 Skateboarding Competition or Demonstrations
 Service or gathering

Entertainment: (Please tick) On Street
 On Stage
 In Hall

- Art Show
 Bands
 Carol Singing
 Craft Displays
 Fireworks
 Flower Show
 Workshops/Demonstrations
 Wood Chop
 Vintage Car Displays
 Wine Tastings

Other (specify) _____

Animal Rides/Displays (Please tick appropriate items)

- Pony Rides
 Farmyard Animal Display
 Petting Zoo
 Reptile Display

Operator Name: _____ Business Name: _____

Telephone: _____ Email: _____ Fax: _____

Address: _____

NB: Businesses dealing with animals must provide Council with copies of their Certificate of Currency for Public Liability Insurance and any other permits as required.

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Amusement Rides

Name of Amusement Device provider: _____

Contact Person: _____ Telephone: _____ Email: _____

Address: _____

Public Liability Insurance: Policy No: _____ Amount: _____ Expiry: _____
(Copy of Certificate of Currency to be provided).

List the names of all amusement devices to be provided at the Event, these must appear on the operators Insurance Policy:

Name of ride: _____

Type of ride: Mechanical Electric Mechanical Battery Revolutions per Minute
 Small Inflatable Large Inflatable Certificate No: _____

Name of "responsible person" operating device: _____

Name of ride: _____

Type of ride: Mechanical Electric Mechanical Battery Revolutions per Minute
 Small Inflatable Large Inflatable Certificate No: _____

Name of "responsible person" operating device: _____

Name of ride: _____

Type of ride: Mechanical Electric Mechanical Battery Revolutions per Minute
 Small Inflatable Large Inflatable Certificate No: _____

Name of "responsible person" operating device: _____

Name of ride: _____

Type of ride: Mechanical Electric Mechanical Battery Revolutions per Minute
 Small Inflatable Large Inflatable Certificate No: _____

Name of "responsible person" operating device: _____

(If more amusements please copy this page, complete and include in Application).

Requirements Relating to Amusement Devices:

- All mechanical amusement devices must be covered by a minimum of \$10mil Public Liability Insurance (Certificate of Currency is to be submitted)
- You must provide evidence of a current up to date service logbook for each device
- All mechanical amusement devices must be registered by the WorkCover Authority of NSW (A copy of the registration Certificate is to be provided)
- All amusement devices must appear on the Event Site Plan to be submitted with this application
- Tethering details (for inflatables) must be detailed
- Where any area available to patrons exceeds 1 metre above the adjoining finished ground, walkway, landing or platform details please provide details of the type, fixing and location.

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15. TOILET FACILITIES:

Public toilet facilities may not be of sufficient number to service the increased demand from your event. It is in your event's best interest, and that of your visitors, to consider the need for additional toilet cleaning or additional port-a-loos. It is the Event Organisers responsibility to hire portaloos if necessary.

PLEASE ENSURE YOU COMPLETE THE FOLLOWING INFORMATION:

Will you be providing temporary toilet facilities (port-a-loos)? YES/NO

If YES how many? _____ (proposed locations must be shown on your Event Site Plan)

Are you proposing to utilize Council's Public Amenities? YES/NO

If YES, Please identify location/s: _____

NB: Council will ensure that the public amenities are cleaned before and after your event.

Do you require additional cleaning of the Council amenities DURING your event? YES/NO

If YES Please indicate days/times? _____

NB: A charge for additional cleaning of Council's public amenities will apply. Refer to Attachment 6 Schedule of Fees & Charges. A Council Officer will contact you prior to the event should this be the case.

Contact phone number: _____

Outlined below are the recommendations for the number of toilet facilities for large groups of people:

Toilet facilities for events where alcohol is not available:

Patrons	Males			Females	
	WC	Urinals	Hand Basins	WC	Hand Basins
<500	1	2	2	6	2
<1000	2	4	4	9	4
<2000	4	8	6	12	6
<3000	6	15	10	18	10
<5000	8	25	17	30	17

Note: At events where alcohol is available the above figures should be increased by at least 50%.

Figures may be reduced for events of shorter duration:

Duration of Events	Quantity Required
8 hours plus	100%
6 to 8 hours	80%
4 to 6 hours	75%
Less than 4 hours	70%

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16. WASTE MANAGEMENT

Will additional rubbish bins be required? YES/NO If **YES**, how many bins?

Address bins to be delivered to: _____

If **NO**, Organisers must undertake to clean up the site: Agreed (please tick)

If **NO**, Organisers must undertake to clean up the site. Council reserves the right to charge an additional site clean up fee if this clean up is not satisfactory. **Refer to Attachment 6 for Fees & Charges.**

Delivery of bins will need to be organised Mon-Fri during work hours and a responsible representative must take delivery of bins and ensure their safety. If bins are required to be delivered on a weekend additional charges will apply.

SIGNATURE REQUIRED:

I, the Event Organiser, agree to take delivery of bins and replace any bin that is lost, stolen or damaged.

Signed: Print Name: Dated:

Will additional emptying of bins be required during the event? YES/NO

If **YES**, please details times and days required: _____

Will any additional street cleaning be required?

- During the event? YES/NO Times required: _____
- After the event? YES/NO

What arrangements have been made for the disposal of used oils and water from food stalls?

NB: Fees Apply. Refer to Attachment 6 – Schedule of Fees & Charges.

- Fees apply for additional bins.
- Recycle bins are available however there is a minimum order of 11.
- Council has for loan coloured bin lids for sorting rubbish if you wish to implement your own Waste sorting strategy.
- Organisers are responsible for placing all litter in Council receptacles and encouraging stall holders to do the same
- The site should be left in a clean and tidy condition. Council reserves the right to charge an additional clean up fee if the site is left in an untidy condition as a result of your event.

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17. STALLHOLDERS

Will there be stallholders at your event? YES/NO How many in total (approx.): _____

Will there be a charge for stall/holders? YES/NO Charge per stall: \$ _____

Are any stallholders selling food (including pre-packaged food e.g. cakes)? YES/NO

Will there be a sausage sizzle (BBQ) at your event? YES/NO

Event Food Notification Registration Number: _____

(Register your event on www.foodnotify.nsw.gov.au – to obtain registration number.
(See Point 3 below).

You **MUST** provide a list of all stall holders to Council with your application. Council appreciates that you may not have your stall holders finalised at the time this application is submitted but the list must be received by Council by **NO LATER THAN 3 WEEKS** prior to the event.

***Organisers must also provide the stall holders Food Authority Registration Number.*

A sample of information required follows:

Stallholder Name	Contact Person	Address	Phone	Product (if food/drink must indicate what type)	** Food Authority Registration Number (for food vendors only)
Eg. Yummy Food	Sam Smith	21 Yummy Food Street, Yummytown XXXX	XXXX XXX	Sandwiches, Cake, coffee, tea	XXX XXX
Fun Sticks	Betty Boo	21 Light St Glowtown	XXXXXXXXX	Glow sticks, necklaces	N/A

- All stalls must be indicated on your Event Site Plan. Refer to **Attachment 2**.
- All FOOD VENDORS must comply with the NSW Food Act 2003. You **MUST** give them
 - ATTACHMENT 3 – Information for Food Stallholders.**
- Event Organisers, as well as Stallholders**, are required to register their event (or stall) with the NSW Food Authority www.foodnotify.nsw.gov.au You can register your event at any time and advise stallholder details at a later date. It is free to register online.
- Council Environmental Health Inspectors may attend your event and will issue fines if any infringements occur.
- Fees Apply. Refer to Attachment 6 – Schedule of Fees & Charges as ALL organisers will be charged food stall inspection fees based on the number of stalls inspected (food vendors that are non-profit community groups or charities will be exempt). The event organisers will be invoiced for this amount, please consider this when setting your food stallholder fees.**

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18. ADVICE TO LOCAL RESIDENTS

It is critical that local residents are given advance notice of major events. Please detail what steps you will be taking to ensure this occurs:

Blue Mountains Gazette Letterbox Drop Posters Other _____

- **Please provide copies/samples of any letterbox leaflets or proposed newspaper advertisements.**
- This advice should initially be given AT LEAST ONE MONTH PRIOR to the event to enable time for concerns to be aired.
- Residents should be notified again nearer the event date.
- If you are proposing Fireworks, this must be mentioned in your advertising to enable affected public to make appropriate arrangements for animals etc.

19. TEMPORARY STRUCTURES

Will the proposed Event involve the erection of any temporary structures? YES/NO
Please indicate how many and provide details:

Marquee/s: No: _____ Size: _____
Hired from: _____
Proposed location: _____

Tents/stalls: No: _____ Size: _____
Hired from: _____
Proposed location: _____

Stage/s Size: _____ Hired from: _____
Type: (ie truck, platform etc) _____
Proposed location: _____

Other: Description: _____
Size: _____ Hired from: _____
Proposed location: _____

- Location of all temporary structures must be indicated on your Event Site Plan.
- Council requires stages to be hired through a reputable company required to meet legal obligations with regard to size, height, weight bearing etc. Some stages may require certification by a practicing Structural Engineer.

Do you need to submit a DA for Temporary Structures, or a Change of Use?

If your community event is on public, or private land and;

- * the total floor area of all your stalls/tents/marquees is greater than 300sqm and/or;
- * the floor area of any one tent, marquee or stall is greater than 100sqm and/or;
- * your stage has a floor area larger than 50sqm
- * you wish to request a 'change of use' of a facility e.g. camping on a sports field or oval then you will be required to submit a **Land Use Application Form** for DA approval, fees apply. **Fees Apply Refer to Attachment 6 – Schedule of Fees & Charges.**

Please contact the Events Co-ordinator on 4780 5233 to discuss further.
(DA approval may also be required for other reasons – if this is applicable to your event you will be contacted by a Council Officer.)

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20. POWER

Do you require access to Council power outlets? YES/NO

If YES please detail:

- the location of mains power: _____
 - your method of connecting to the power (include details of steps taken to ensure safety of power leads etc.)
-
-

• **Fees Apply. Refer to Attachment 6 – Schedule of Fees & Charges for power activation.** A Council Officer will be in contact should this be the case.

- All electrical items used must be “tagged and tested” by an electrician prior to using BMCC power. Safety switches are installed and if faulty equipment is detected the power could shut down during your event.
- Following approval of this application a BMCC electrician will visit the site a day before your event and energise the specific HPM 15 amp weatherproof power outlet/s. On the day of the event, the user group simply unscrews the blue cap cover and plugs their “tagged and tested” equipment to the outlet. The same outlet/s will be de-energised after the event.

Are you proposing to use **GENERATORS**? YES/NO

If YES, please indicate the location of any generators on your Event Site Plan.
To ensure safety all electrical work must comply with Australian Standards.

Will you be providing any extra **LIGHTING**? YES/NO

If YES, please detail what extra lighting is proposed: _____

21. PUBLIC ADDRESS SYSTEMS & NOISE MINIMISATION

Will you or any stall holder or amusement device operator be using any PA systems or amplified music during the event? YES/NO

If YES, please detail the proposed hours of use and what steps you will take to minimise noise intrusion into local homes and businesses: _____

- Where approval has been granted, the event organisers are responsible for ensuring noise levels are at a minimum and do not extend past the approved times granted.

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22. OCCUPATIONAL HEALTH & SAFETY & PUBLIC LIABILITY INSURANCE

Policy Number: _____ Expiry Date: _____

Blue Mountains City Council ensures that any Council premises, plant or equipment (eg. power boxes, generators, playgrounds etc) comply with legislative requirements and are safe for their intended use. As the Event Organiser you should know your responsibilities under the OH&S Act 2000 and the WorkCover OH&S Regulations on the Information Hotline 131050 or on www.workcover.nsw.gov.au

The event must be covered under Public Liability Insurance. Coverage is to be a minimum of \$10,000,000.

NB: A Certificate of Currency must be provided with this Application Form and **please complete the Hold Harmless Agreement, Attachment 5.**

23. FIREWORKS

Do you propose to use fireworks? YES/NO Work Cover Permit No: _____

Name of Pyrotechnic Company: _____

Contact Name: _____ Phone: _____

Email: _____ Time of fireworks: _____ Duration: _____

Proposed location of fireworks: _____

- A copy of the company's Display Fireworks Permit (Workcover) and Certificate of Currency for Public Liability Insurance is to be supplied and all fireworks displays must be carried out in accordance with Australian Standards AS2187 and its guidelines.
- Provision must be made for fire safety equipment and trained staff to be on site for the duration. The Fireworks must be ignited by someone suitably accredited by the WorkCover Authority.
- You must ensure that the public affected by these fireworks are advised so that they may make appropriate arrangements for animals, etc that may be disturbed by the activity.
- In the event of a TOTAL FIRE BAN – fireworks may need to be CANCELLED.

24. ALCOHOL

The unauthorised sale or distribution of alcohol on ovals, parks, reserves and /or streets is not permitted.

If you wish a "wine tasting" component in your events please contact the NSW Police Service on 4751 0299 and ask for the Licensing Sergeant to discuss your intentions.

Approval will be granted upon merit/appropriateness to your planned event. Police and Council must both be in agreement. If approval is granted, the Applicant must abide by Responsible Service of Alcohol (RSA) Guidelines. The person serving alcohol must hold a current RSA Certificate and may not delegate this authority to another person.

Are you proposing a "wine tasting" component to the Event? YES/NO

Have you contacted the Blue Mountains Licensing Sergeant? YES/NO

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25. TRAFFIC MANAGEMENT

Please refer to **Attachment 1** for information about Traffic Management and Traffic Control Plans.

Does your event require **closure of a carpark**? YES/NO

If **YES** which carpark: _____

Address of carpark & nearest cross street: _____

Times carpark will be closed and reopened: _____

- You may not need to submit a TMP if you are only closing a carpark (ie. no road closures) but will need to provide a plan or diagram indicating positions of barricades and times of closures. A Council Officer will be in contact with you to discuss further.

Any event which impacts significantly on local traffic is required to complete the **RMS SPECIAL EVENT TRANSPORT MANAGEMENT PLAN TEMPLATE (Attachment 1)** and return it with this Application Form. This may or may not involve a road closure. A Council Officer will be in contact to discuss further.

Does your event require the **closure or partial closure of a road**? YES/NO

Which street(s) are you planning to close? _____

Closure times: _____ Re-opening times? _____

- It is recommended that a qualified person, authorised by the RMS, draw up the Traffic Control Plan.
- Once completed, provided it remains the same, it can be submitted every year.
- If you require further information please contact Graham Green on 4780 5549.

26. BARRICADES

The proposed location of any barricades on the roadway or carparks should be shown on the Event Site Plan and Traffic Control Plan submitted with this Application.

Do you require use of Council's road barricades: YES/NO

Who will be staffing the barricades on the day of the event?

Rural Fire Service SES Rotary Other (specify): _____

- Council has a limited supply of barricades for use free of charge. Refer to **Attachment 9**.
- You will be required to pick them up from Council's Katoomba office between 10am-4pm. Contact the Events Co-Ordinator on 4780 5233 to arrange.

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27. TRAFFIC CONTROL SIGNS

- Council has a limited number of Traffic Control Signs for use in temporary road closures, Refer to **Attachment 9**. Contact the Events Co-ordinator on 4780 5233
- All traffic controllers must have undergone accredited traffic control training.

28. ROADSIDE BANNERS

What signs or banners are you proposing to erect either in the Mountains or around the event venue?

- Banners across RMS bridges require RMS approval. Contact Roads and Maritime Services on 02 8588 5932.
- Council has two prominent banner sites: Glenbrook Oval Fence and Yeamans Bridge, Katoomba. To book either of these sites or to propose an alternate site, please contact the Customer Bookings Officer on 4780 5000.

29. OVAL/PARK/TOWN SQUARE BOOKINGS

You must contact the Customer Bookings Officer on 4780 5613 to book use of any oval, park, reserve or town square.

Booking Number: _____ Official Park/Oval Name: _____

Village where located: _____

Fees Apply. Refer to Attachment 6 – Schedule of Fees and Charges

- Some ovals/parks are booked regularly by sporting groups well in advance so please make your booking as soon as possible to avoid disappointment.
- Payment must be made prior to your event.

30. HALL BOOKINGS

Event Organisers must contact the relevant Hall Bookings Officer. Hall bookings should be made as far in advance as possible (as some regular users book halls years in advance).

The **Confirmation of Booking Letter MUST accompany your Event Application.**

*Hall charges vary please contact the respective Halls Booking Officer for details -. **Refer to Attachment 4 for contacts.***

Name of Hall: _____

Village where Located: _____

Have you made a booking with the Booking Officer: YES/NO

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31. Notification of Pending Event

As an event organiser you are required to notify anyone that may be impacted upon by your event e.g. adjoining businesses, transport operators and emergency services. If the event requires a road or carpark closure, the event organiser is required to place an advertisement in the local paper outlining the closure, once it has been approved.

<p>Police Written advice to: Traffic Officer/Operations Manager, Blue Mountains Local Area Command, Jerseywold Ave, Springwood Date Contacted: _____ Telephone: 4751 0299</p> <p>PLEASE COMPLETE ATTACHMENT 11 Public Assembly Form and return with your Event Application to Council who will forward to Police.</p>	<p>Blue Mountains Hospital (T) 4784 6548 (E) Enid.Robinson@swahs.health.nsw.gov.au (F) 4734 2342 Contact: Enid Robinson Date Contacted: _____ Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax (for larger events please also contact Lithgow Hospital 6350 2310 and Nepean Hospital 4734 2000)</p>
<p>Fire Brigade (T) 4782 6733 (E) Lindsay.West@fire.nsw.gov.au Contact: Lindsay West Date Contacted: _____ Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>	<p>NSW Rural Fire Service (T) 4784 7444 (F) 4784 7461 (E) bluemountains@rfs.nsw.gov.au Contact: Operations Date Contacted: _____ Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>
<p>Ambulance Service (T): 8752 0481 (E) eventplanning@ambulance.nsw.gov.au (F) 8752 0488 Contact: _____ Date Contacted: _____ Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>	<p>Fantastic Aussie Tours (T) 4782 1866 (E) info@fantastic-aussie-tours.com.au (F) 4782 1860 Contact: Stephen Hodge Date Contacted: _____ Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>

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<p>Blue Mountains Bus Co (T) 4784 2800 (E) paul@bmbc.com.au (F) 4784 2899 Contact: Paul Edmunds Date Contacted: _____ Method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>	<p>Blue Mountains Trolley Tours (E) info@trolleytours.com.au (F) 4782 2744 Contact: Manager Method of Contact: _____ Date Contacted: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>
<p>Local / Relevant Taxi Service Contact Person: _____ Date Contacted: _____ Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>	<p>Local / Relevant Chamber of Commerce Contact Person: _____ Date Contacted: _____ Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Attended meeting <input type="checkbox"/> Post <input type="checkbox"/> Phone</p>
<p>Adjoining Businesses Date Contacted: _____ Method of Contact: <input type="checkbox"/> Personal Visit <input type="checkbox"/> Letter drop <input type="checkbox"/> Letters in post</p>	<p>Local Residents Date Contacted: _____ Method of Contact: <input type="checkbox"/> Personal Visit <input type="checkbox"/> Letter drop <input type="checkbox"/> Letters in post</p>
<p>Blue Mountains Gazette (T) 4751 1955 (E) editorial.bmgazette@ruralpress.com (F) 4751 5556 Contact Person: _____ Date Contacted: _____ Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax</p>	

31. REIMBURSEMENT OF DEVELOPMENT CONSENT FEES

Reimbursement of fees will only apply to fees associated with Development Consents. Please note that the initial Fee must be lodged with the Application, before applying for a Fee Reimbursement. Land Use Applications submitted by non-profit locally based community organisations or groups within the Blue Mountains MAY be reimbursed upon written application. The maximum fee reimbursement will be \$500 for any organisation in a given financial year. (Refer to Council's Management Plan for full details).

If you wish to apply to have this Fee reimbursed please contact the Events Co-Ordinator for a copy of the Fee Waiver Application. **All other fees are non-refundable.**

Festivals & Events Application Form

32. CHECKLIST

Please circle whichever is applicable:

Completed Event Application Form MUST BE SUBMITTED	YES <input type="checkbox"/>		
Event Site Plan (Attachment 2) MUST BE SUBMITTED	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	
Copy of Insurance Certificate of Currency MUST BE SUBMITTED	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	
Hold Harmless Agreement (Attachment 5) MUST BE SUBMITTED	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	
Confirmation of Booking Letter for Park/Oval/Hall MUST BE SUBMITTED	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Copy of Event Program	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Inclusion in Calendar of Events Form (Attachment 7)	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
RMS Special Event Transport Management Template (Attachment 1)	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Copy of Resident Notification/Newspaper Advert.	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Stallholder List	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Fireworks Insurance Certificate of Currency	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
<i>Copy of Amusement Device Operators:</i>			
• Certificate of Currency for each Device	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
• Service Logbook for each Mechanical Device	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
• WorkCover Registration	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
• Tethering Details for Inflatable Devices	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
• Walkway Details	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Technical Drawings for Large Structures	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Animal Operators Insurance Certificate of Currency	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
Youth Event Police Approval Letter	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>
DA (Land Use Application Form) submitted with payment	YES <input type="checkbox"/>	SEND LATER <input type="checkbox"/>	NA <input type="checkbox"/>